POLICY COVER SHEET
(See Faculty Staff Handbook 1460 for instructions at UI policy website: www.webs.uidaho.edu/uipolicy)

<table>
<thead>
<tr>
<th>Faculty/Staff Handbook [FSH]</th>
<th>□ Addition □ Revision* □ Deletion* □ Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor Amendment □</td>
<td>FSH 1640.20 – University Budget &amp; Finance Committee</td>
</tr>
<tr>
<td>Chapter &amp; Title:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administrative Procedures Manual [APM]</th>
<th>X Addition □ Revision* □ Deletion* □ Emergency</th>
</tr>
</thead>
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<td></td>
</tr>
</tbody>
</table>

All policies must be reviewed, approved and returned by a policy sponsor, with a cover sheet attached to apm@uidaho.edu or fsh@uidaho.edu respectively.

*Note: If revision/deletion request original document from apm@uidaho.edu or fsh@uidaho.edu, all changes must be made using “track changes.”

Originator(s): Norman Pendegraft 3.31.2015
(See FSH 1460 C)
Name Date

Telephone & Email: norman@uidaho.edu

Policy Sponsor: Committee on Committees
(If different than originator.)
Name Date

Telephone & Email: Randy Teal, Chair rteal@uidaho.edu

Reviewed by General Counsel Yes No Name & Date: _______________

I. **Policy/Procedure Statement:** Briefly explain the purpose/reason of proposed addition, revision, and/or deletion to the Faculty/Staff Handbook or the Administrative Procedures Manual.

The UBFC having reviewed its structure and function are suggesting edits to reflect realistic objectives for the committee.

II. **Fiscal Impact:** What fiscal impact, if any, will this addition, revision, or deletion have?

None.

III. **Related Policies/Procedures:** Describe other policies or procedures existing that are related or similar to this proposed change.

IV. **Effective Date:** This policy shall be effective on July 1, or January 1, whichever arrives first after final approval (see FSH 1460 D) unless otherwise specified in the policy.

If not a minor amendment forward to: __________________________________________

Policy Coordinator Appr. & Date: _______________________________
[Office Use Only]

FSH Appr. _______________
FC _______________
GFM _______________
Pres./Prov. _______________
[Office Use Only]

Track # _______________
Date Rec.: _______________
Posted: t-sheet _______________
web _______________
Register: _______________
(Office Use Only)

APM F&A Appr.: _______________
[Office Use Only]